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ALLABASSEE, PLONDA

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SEP 23 2015

R. WHILE

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Florida GoT Cosplayers, Inc.

Name of Corporation

DOCUMENT NUMBER

N15000005756

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Troy Whigham

Name of Contact Person

Florida GoT Cosplayers, Inc.

Firm/Company

3414 W. Santiago Street

Address

Tampa, FL 33629

City/State and Zip Code

troywhigham@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Troy Whigham

, 813

334-1520

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of	the corporation: Florida GoT Cosplayers, Inc.
2. The principal	l office address: 3414 W. Santiago Street, Tampa, FL 33629
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 6/8/2015 Document number: N15000005756
	d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)
	Resigned
	7. 3
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Troy Whigham
	3414 W. Santiago Street
•	P.O. Box NOT acceptable Tampa, FL 33629
The street address is changed will	ess of its registered office and the street address of the business office of its registered age to be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
alle	Elizabeth Martinez President
•	re of an officer or director Printed or typed name and title
performance of agent. Or, if th	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
	8/25/2015
	0/20/2010

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *